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when recorded return to: Loanpal, LLC

Entry #: 525134 10/26/2020 01:34 PM UNIFORM COMMERCIAL CODE

Page: 1 of 2

FEE: \$40.00 BY: LOANPAL OPERATING ACCOUNT

Record at the request of and Jerry Houghton, Tooele County, Recorder

A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
) D. F. MAIL OON TAGE AT EU ED (~~U~~~)					
B. E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com			,		
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	se)	40			
C. SEND ACKNOWLEDGMENT TO, (Name and Addre		,	•		
Loanpal, LLC	1				
PO Box # 981440					
El Paso, TX 79998- 1440		J .			
1 *	` <u> </u>				
		E ABOVE SPACE IS	FOR FILING OFFICE US	E ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or	1b) (use exact, full name; do not omit, modify, or abbre	eviate any part of the Deb	tor's name); if any part of the	Individual Debtor	
name will not fit in line 1b, leave all of item 1 blank, check here					
1a. ORGANIZATION'S NAME					
OR		<i>I</i>	,		
1b. INDIVIDUAL'S SURNAME	JRNAME FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
Lancaster	Stefanie		·	_	
Lancaster  1c. MAILING ADDRESS	Stefanie	ŞTAT		COUNTRY	
1	Stefanie	, ștat UT		COUNTRY	
Lancaster  1c. MAILING ADDRESS  5796 Lighthouse Ln  2. DEBTOR'S NAME: Provide only one Debtor name (2a or	Stefanie  CITY STANSBURY PK  2b) (use exact, full name; do not omit, modify, or abbre	viate any part of the Det	84074-9090 for's name); if any part of the	USA Individual Debtor	
Lancaster  1c. MAILING ADDRESS  5796 Lighthouse Ln  2. DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here	Stefanie  CITY STANSBURY PK  2b) (use exact, full name; do not omit, modify, or abbre	viate any part of the Det	84074-9090 for's name); if any part of the	USA Individual Debtor	
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mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

	THE COME TO BE TO SERVE AND A SERVER AND A S
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a, Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien X Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2007030326	

Entry: 525134 Page 2 of 2

## UCC FINANCING STATEMENT ADDENDUM

	LOW INSTRUCTIONS			_					
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; cause Individual Debtor name did not fit, check here	If line 1b was le	eft blank	`					
_	9a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	1					
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OR	ЭЬ, INDIVIDUAL'S SURNAME		. <del></del>	1					•
	Lancaster		•						
Ī	FIRST PERSONAL NAME				,				
	Stefanie								•
ļ	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1					
				TH	E ABOVE	SPACE	S FOR FILI	NG OFFICE	USE ONLY
10. [	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of	or Debtor name	that did not fit in	n line 1b o	2b of the F	inancing S	tatement (Fo	rm UCC1) (use	exact, full name;
,	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	mailing addres	s in line 10c		<b>\</b>		`		
	10a. ORGANIZATION'S NAME								
				•					
OR	10b. INDIVIDUAL'S SURNAME				r				
1	INDIVIDUAL'S FIRST PERSONAL NAME			•					
1	·								
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
	;								
10c.	MAILING ADDRESS	CITY				STATE	POSTAL CO	DDE	COUNTRY
11.		IOR SECU	RED PARTY	'S NAME	: Provide o	nly <u>one</u> na	me (11a or 1	1b)	
	11a. ORGANIZATION'S NAME								· ·
OR									
i	11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME			ADDITIO	NAL NAME(S	S)/INITIAL(S)	SUFFIX
			SONAL NAME						
	MAILING ADDRESS	FIRST PER	SONAL NAME			STATE	POSTAL CO		COUNTRY
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11c.	MAILING ADDRESS	CITY	NANCING STATE	•	,	STATE	POSTAL CO	DOE	COUNTRY
11c. 12. A	MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  /  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16	CITY  14. This FIN	· · · · · · · · · · · · · · · · · · ·	cut	covers as-	STATE	POSTAL CO		COUNTRY
11c. 12. A	MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  /  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16 (Debtor does not have a record interest):	CITY  14. This FIN  / cov  16. Descrip	NANCING STATE vers timber to be tion of real estate	cut :	covers as-	STATE	POSTAL CO	DOE	COUNTRY
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